

July 19, 2021

FY2020 Coronavirus (COVID) SHIP Quarterly Report Instructions

The purpose of this spreadsheet is to gather information for state quarterly reporting of COVID SHIP funding. Contact ship-ta@ruralcenter.org with any questions. This version includes instructions from Quarters 1 and 5.

TIMELINE

Below is the timeline for FY2020 COVID SHIP quarterly reporting.

Quarter	HRSA Due Date/Submit to EHB	Corresponding Reporting Period
1	7/30/2020	04/01/2020 - 06/30/2020
2	10/30/2020	07/01/2020 - 09/30/2020
3	1/30/2021	10/01/2020 - 12/31/2020
4	4/30/2021	01/01/2021 - 03/31/2021
5	7/30/2021	04/01/2021 - 06/30/2021
6	10/30/2021	07/01/2021 - 09/30/2021

QUARTER 5 REPORT INSTRUCTIONS

- Save a copy of your Quarter 4 (Q4) spreadsheet submission to your desktop to use as a template for your Q5 report, and name the file (ex. Alaska SHIP COVID Quarter 5 Spreadsheet). Save spreadsheet routinely while adding detailed hospital information.
- By using the Q4 spreadsheet as your template, you will save time by not recreating the hospital rows. See step-by-step instructions below on how to edit your Q4 spreadsheet for Q5 submission.

Tab A: General

3. Update Row 2 to "Quarter 5 – Reporting Period 4/1/2021 – 6/30/2021", and in rows 3-5, include your state, name of person completing the report and date report is submitted.

1	FY2020 CORONAVIRUS SHIP Quarterly Report												
2	Quarter 1 - Reporting Period: 04/01/2020 - 06/30/2020								State:				
3	Date Submitted:								Person Completing Report:				
4	A. General Information												
5	CMS Certification Number (CCN)	Data Universal Number System (DUNS) Number	HOSPITAL NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	Administrator or CEO Name	Administrator or CEO Email	Tribally operated hospital under Titles I and V of P.L. 93-638? (Y/N)	CAH? (Y/N)	Total amount awarded obligated to hospital No more than \$84,317 less indirect. (Indirect may be up to of \$84,317 or \$12,641)
6													
7													
8	123456	76652	Charity Hospital	200 Hospital Rd.	Tiny	LA	67981	Madison	John Doe	ceo@charity.org	Y	Y	\$71,699
9	654321	25667	Evans Hospital	123 Main St.	Smalltown	LA	54871	Brown	Jane Doe	ceo@evans.org	N	Y	\$71,699
10	54812	56276	Trinity Hospital	2454 E. Park St.	Brower	LA	84267	Franklin	Jack Doe	ceo@trinity.org	N	Y	\$71,699
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Quarterly Reporting Schedule | FY2020 COVID SHIP Instructions | A. General Information | B. COVID Safety | C. COVID Response | D. COVID Maintain | Comments (if applicable)

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DEFINITIONS FOR TABS B, C, AND D

- ## Tab B: Safety

[illegible]

4.c. Update the Columns D through X (**Column E will auto calculate for you**) with Q5 safety equipment purchases and activities for each hospital.

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8. If hospitals did not have purchases or activities in Q4 and/or Q5, provide an explanation and tentative timeline to use funds in the Comment Tab.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
	Please indicate any additional comments here.																
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Quarterly Reporting Schedule FY2020 COVID SHIP Instructions A. General Information B. COVID Safety C. COVID Response D. COVID Maintain Final Check -- Please complete! E. Comments (if applicable)

9. SHIP Coordinators, please use the "Final Check" tab to do a final check on your State quarterly report prior to submitting to EHB.

1. Please enter your state name in Column A, and the other columns will self-populate from other tabs.

2. If filled out correctly, the Total Amount Spent in the Quarter (Column C) should equal the total of the three categories Sum Total Check (Column G). If correct, Total Equals Sum (Column H)= True and Column I having 0 for total difference. If Column H results = False and there is a difference in column I, please review tabs A, B, C, and D.

Before submitting to the EHB:

- In the General Tab, ensure you verify Column C's "total number of hospitals" with your state COVID SHIP NOA.
- Include any additional state specific notes for the Project Officer (if applicable) in the "Comments Tab".

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- Save final changes to this Excel spreadsheet and submit as your state's COVID Quarter 5 Report. (Please do not submit PDF versions)

QUARTER 1 REPORT INSTRUCTIONS

All hospitals must appear on each quarterly report regardless if funding was disbursed or spent. If no funds were utilized during the quarter, simply enter zeros like the examples below. (*Note: Columns D through L were hidden in the screen shot below for the purpose of keeping the screen shot a manageable size for sharing purposes)

A. General Information			COVID SHIP Spending			
CMS Certification Number (CCN)	Data Universal Number System (DUNS) Number	HOSPITAL NAME	Total amount awarded or obligated to hospital. No more than \$84,317, less indirect. (Indirect may be up to 15% of \$84,317 or \$12,647.55)	Total amount spent in prior quarterly reporting periods	Total amount of funds spent by hospital this quarter	Total balance remaining for hospital (calc)
123456	76652	Charity Hospital	\$71,699	\$0	\$0	\$71,699
234567	56237	Hallmark Hospital	\$71,699	\$0	\$0	\$71,699

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- If at all possible, hospital spending should be reported in the time period in which the funds were spent. Extensions may be granted, with PO approval, to hospitals who request extra time in getting their spending reports to SHIP coordinators.
- Please include all funds spent prior to April 1, 2020 in the Q1 report. In the *Comments* tab, list each hospital who spent funds prior to 4/1/20, and total amount spent, prior to that date.
- If a hospital has two different Equipment purchases under the same category in one reporting period, the two purchases should be added together to determine the average price, which is the dollar amount that would be entered into the **Total Per Unit Cost** column. See example below.

HOSPITAL NAME (prefilled)	Total funding spent on <u>COVID</u> response this quarter	Percentage of funds spent on COVID response (calc)	Brief description of COVID response equipment purchased this quarter: (Brand, model or serial numbers are not required)	Quantity of COVID response equipment units purchased	Total Per-Unit Cost: (Include shipping and/or installation costs in total per-unit cost) Equipment must have a per-unit price of \$5,000+	Total Cost (calc column G*H)
Charity Hospital	\$6,202	#DIV/0!	Portable Transport Ventilator and Portable Telemedicine Cart	2	\$6,775	\$13,550

Once entered into the spreadsheet, in the **Comments Tab**, list the hospital name and the actual prices for each piece of equipment purchased. See example below.

A2										
	A	B	C	D	E	F	G	H	I	J
1	Please indicate any additional comments here.									
2	Charity Hospital purchased two pieces of equipment under COVID Response: A Portable									
3	Transport Ventilator (\$6202) and Portable Telemedicine Cart (\$7348).									
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RESOURCES

- [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act SHIP Funding page](#) on the National Rural Health Resource Center's SHIP website.

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- [Electronic Code of Federal Regulations \(e-CFR\)](#)